MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8						
9	1					
10						
11		1				
12		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

CLAIMS			IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
55								
56								
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61								
62								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								